

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000000727

Entity Name: 18269 TAMPA, LLC

Current Principal Place of Business:

JEANINE ALTON-RYAN/18269 TAMPA, LLC
445 COVE TOWER DR APT 1204
NAPLES, FL 34110

Current Mailing Address:

JEANINE ALTON-RYAN/18269 TAMPA, LLC
445 COVE TOWER DR APT 1204
NAPLES, FL 34110 US

FEI Number: 27-4437411

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALTON-RYAN, JEANINE P
JEANINE ALTON-RYAN/18269 TAMPA, LLC
445 COVE TOWER DR APT 1204
NAPLES, FL 34110 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ALTON-RYAN, JEANINE P
Address 18269 TAMPA, LLC
445 COVE TOWER DR APT 1204
City-State-Zip: NAPLES FL 34110

Title MGM
Name ALTON, ANN L
Address 18269 TAMPA, LLC
619 FRONT ST UNIT 3106
City-State-Zip: CELEBRATION FL 34747

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEANINE P. ALTON-RYAN

MGRM

01/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date